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|---|---|--------------------------------|---|--|
| SERIAL NUMBER 10/820,335 | FILING OR 371(c) DATE 04/08/2004 RULE | CLASS 435 | GROUP ART UNIT 1636 | ATTORNEY DOCKET NO. 01948/095002 |
| APPLICANTS Simon C. Robson, Weston, MA; Yousif I. A-Rahim, Honolulu, HI; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/461,160 04/08/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/21/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 24 | TOTAL CLAIMS 22 |
| | | INDEPENDENT CLAIMS 6 | | |
| ADDRESS 21559 | | | | |
| TITLE Methods and compositions for treating and preventing autoimmune disorders | | | | |
| FILING FEE RECEIVED 597 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |